PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Us	e Block 1 for any change of address)

27777

7590

10/24/2005

PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 09982502

01/24/2006 MGEBREM2 00000119 100750

01 FC:1501 02 FC:1504

1400.00 DA

300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jacqueline Piatinics	(Depositor's name)
Junter to	(Signature)
January 24, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/982_502	10/19/2001	Stephen W. Boyd	HRT-0279	7489

TITLE OF INVENTION: DEVICES AND METHODS FOR PORT-ACCESS MULTIVESSEL CORONARY ARTERY BYPASS SURGERY

Fax: 7325242808

APPLN, TYPE						
	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	01/24/2006
EXA	MINER	ART UNIT	•	CLASS-SUBCLASS		
ISABELL	A, DAVID J	3738		128-898000	_	
CFR 1.363). Change of correspot Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	Correspondence tation form te of a Customer BE PRINTED ON TH	(1) the narror agents (2) the narregistered 2 registered listed, no recommendation of the parents of the parent	ating on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the nand patent attorneys or agents. It name will be printed. If (print or type) The patent of the patent. If an assign for filling an assignment.	at attorneys 1 Brian 1 Brian 2 enes of up to fino name is 3	
(A) NAME OF ASSIGN	NEE	(B) I	RESIDENC	CE: (CITY and STATE OR CO	UNTRY)	· · <u>_</u>
(A) NAME OF ASSIGN	NEE ie assignee category or catego	(B) I	RESIDENC	CE: (CITY and STATE OR CO		· · <u>_</u>
(A) NAME OF ASSIGN	NEE ie assignee category or catego	(B) in the print the print the print the B. It is the print the pr	RESIDENC ted on the p	CE: (CITY and STATE OR CO	COMPORATION OF OTHER PRIVATE &	· · <u>_</u>
(A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) Please check the appropriate (a). The following fee(s) are the following fee(s) are the following fee(s) are the following fee(s).	ne assignee category or category ended:	(B) In order (B) I	ted on the p Payment of A check	ce: (CITY and STATE OR CO	COMPORATION OF OTHER PRIVATE B	· · <u>_</u>
(A) NAME OF ASSIGNATION OF ASSIGNATI	NEE ie assignee category or catego	ories (will not be print 4b. 1 ced)	ted on the p Payment of A check Payment	ce: (CITY and STATE OR CO	Corporation or other private g nelosed. 8 is attached. charge the required fee(s), o	roup entity Governmen
Please check the appropria 4a. The following fee(s) ar XIssue Fee XPublication Fee (No Advance Order - # of 5. Change in Entity Statu	te assignee category or category en catego	(B) Interpretation (B) Interpret	ted on the p Payment of A check Payment The Dire Deposit Acc	patent): Individual In	Corporation or other private g nolosed. 8 is attached. charge the required fee(s), o (enclose an extra	recredit any overpayment, copy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PAGE 1/1 * RCVD AT 1/24/2006 7:45:14 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/26 * DNIS:2732885 * CSID:7325242808 * DURATION (mm-ss):00-56